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PATTERSON, THUENTE, SKAAR & CHRISTENSEN, P.A.

4800 IDS Center, 80 South Eighth Street Minneapolis, Minnesota 55402-2100 USA



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TELEPHONE: (012)	EPHONE: (612) 349-5740
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TOLL FREE: 1-800 331-4537

FACSIMILE: (612) 349-9266

TOTAL NUMBER OF PAGES BEING SENT (INCLUD	OING COVER SHEET):
Original documents to follow by mail	[X] No originals will be sent

DATE:

July 23, 2004

TO:

Examiner Glen Richman

Group Art Unit: 3764

FAX #: 703-872-9306

OUR REF.: 2947.03US02

PHONE #:

703-308-3170

Application No.:

09/382,433

Applicant:

STARK et al.

Due Date:

July 28, 2004

FROM:

Peter S. Dardi, Ph.D.

PHONE #:

(612) 349-5746

Attached please find the following in response to the Office Action dated January 28, 2004:

1. Amendment Transmittal - 2 pages

2. Amendment - 11 pages

Sincerely,

Peter S. Dardi, Ph.D. Reg. No. 39,650

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 703-872-9306 on the date shown below thereby constituting filing of same.

July 23, 2004

Date

Peter S. Dardi

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Customer No. 24113 Patterson, Thuente, Skaar & Christensen, P.A. 4800 IDS Center 80 South 8th Street Minneapolis, Minnesota 55402-2100 Telephone: (612) 349-5740

Facsimile: (612) 349-9266

AMENDMENT TRANSMITTAL

Attorney Docket No. 2947.03US02

In re the application of:

Stark et al.

Confirmation No.: 5227

Application No.:

09/382,433

Examiner: Glen Richman

Filed:

August 25, 1999

Group Art Unit: 3764

For:

ORTHOSES FOR JOINT REHABILITATION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

[X]	Amendment (11 pages).					
[]	Petition for Extension of Period for Response.					
ſl						

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'1 Fee
Total	17	- 49	F-0	x 9	\$		x 18	\$
Indep.	1	- 6	= .	x 43	\$		x 86	\$
Mult, Dep.			=	+ 145	S		+ 290	S
	TOTAL					OR	TOTAL	\$

^[] First Presentation of Multiple Dependent Claim [MDC]

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 09/382,433

- [X] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- A check in the amount of \$0.00 is attached. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,

Peter S. Dardi, Ph.D. Registration No. 39,650

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

CERTIFICATE OF FACSIMILE TRANSMISSION

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Date

Peter S Dardi